

## Complete Summary

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### GUIDELINE TITLE

(1) Distinguishing sudden infant death syndrome from child abuse fatalities; (2) Distinguishing sudden infant death syndrome from child abuse fatalities (Addendum).

### BIBLIOGRAPHIC SOURCE(S)

American Academy of Pediatrics: Distinguishing sudden infant death syndrome from child abuse fatalities. Committee on Child Abuse and Neglect. Pediatrics 2001 Feb; 107(2):437-41. [70 references]

## COMPLETE SUMMARY CONTENT

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INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT

CATEGORIES

IDENTIFYING INFORMATION AND AVAILABILITY

## SCOPE

### DISEASE/CONDITION(S)

- Sudden infant death syndrome (SIDS, also called crib or cot death)
- Fatal child abuse

### GUIDELINE CATEGORY

Diagnosis

Management

### CLINICAL SPECIALTY

Emergency Medicine

Pathology

Pediatrics

### INTENDED USERS

Advanced Practice Nurses  
Allied Health Personnel  
Emergency Medical Technicians/Paramedics  
Hospitals  
Nurses  
Other  
Physician Assistants  
Physicians  
Social Workers

#### GUIDELINE OBJECTIVE(S)

To provide professionals with information and guidelines to avoid distressing or stigmatizing families of sudden infant death syndrome victims while allowing accumulation of appropriate evidence in potential cases of death by infanticide

#### TARGET POPULATION

Healthy infants younger than one year old that die suddenly and unexpectedly

#### INTERVENTIONS AND PRACTICES CONSIDERED

1. Complete autopsy, i.e., postmortem examination
  - Toxicologic tests
  - Radiographic skeletal surveys
  - Metabolic screening
2. Examination of the death scene, including interviewing of household members
3. Medical history, prior to and at the time of death
4. Supportive, non-accusatory approach to parents

#### MAJOR OUTCOMES CONSIDERED

Not stated

### METHODOLOGY

#### METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

#### DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

#### NUMBER OF SOURCE DOCUMENTS

Not stated

#### METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

#### RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

#### METHODS USED TO ANALYZE THE EVIDENCE

Review

#### DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

#### METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

#### RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

#### COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

#### METHOD OF GUIDELINE VALIDATION

Peer Review

#### DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

### RECOMMENDATIONS

#### MAJOR RECOMMENDATIONS

The American Academy of Pediatrics makes the following recommendations for evaluation of sudden, unexplained infant deaths:

- Accurate history taking by emergency responders and medical personnel at the time of death and made available to the medical examiner or coroner
- Prompt death scene investigation (Center for Disease Control and Prevention [CDC], 1996; Bass, Kravath, & Glass, 1986) where the infant was found lifeless and careful interviews of household members by knowledgeable individuals (potentially including a pediatrician)

- Examination of the dead infant at a hospital emergency department by a child maltreatment specialist

Note from the National Guideline Clearinghouse and the American Academy of Pediatrics:

After publication of the original policy statement, the American Academy of Pediatrics issued an addendum in response to points made by the executive committee of the National Association of Medical Examiners. In the addendum the Academy rescinds this specific recommendation. In its place the following recommendation should be inserted:

"Appropriate utilization of available medical specialists by medical examiners and coroners (e.g., pediatricians, pediatric pathologist, radiologist, pediatric neuropathologist, etc.)."

See "Distinguishing Sudden Infant Death Syndrome From Child Abuse Fatalities (Addendum)" (Pediatrics 2001 Sep; 108[3]: 812).

- Postmortem examination following established protocol (Krous, 1996) within 24 hours of death, including radiographic skeletal survey, toxicologic, and metabolic screening
- Collection of medical history through interviews of caretakers, interviews of key medical providers, and review of previous medical records
- Maintenance of a supportive approach to parents during the death review process
- Consideration of intentional asphyxiation in cases of unexpected infant death with a history of recurrent cyanosis, apnea, or apparent-life-threatening event witnessed only by a single caretaker or in a family with previous unexplained infant death(s)
- Use of accepted diagnostic categories on death certificates as soon as possible after review
- Prompt informing sessions with parents when results indicate sudden infant death syndrome or medical causation of death
- Locally based infant death review teams (Granik, Durfee, & Wells, 1991) to review collected data with participation of the medical examiner or coroner in the review

#### CLINICAL ALGORITHM(S)

None provided

### EVIDENCE SUPPORTING THE RECOMMENDATIONS

#### REFERENCES SUPPORTING THE RECOMMENDATIONS

[References open in a new window](#)

#### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting each recommendation is not specifically stated.

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

### POTENTIAL BENEFITS

An appropriate professional response to a child's sudden death that is compassionate, empathetic, supportive, and nonaccusatory while at the same time results in a thorough investigation.

### POTENTIAL HARMS

The failure to differentiate fatal child abuse from sudden infant death syndrome is costly. In the absence of postmortem examination, death scene investigation, and case review, child maltreatment is missed, familial genetic diseases go unrecognized, public health threats are overlooked, inadequate medical care goes undetected, product safety issues remain unidentified, and progress in understanding the etiology of sudden infant death syndrome and other causes of unexpected infant death is delayed. Inaccurate vital statistics lead to inappropriate allocation of limited health care resources. By thoroughly investigating apparent sudden infant death syndrome deaths, the potential hazards of defective infant furniture, waterbeds, and beanbag mattresses have been identified and remedied.

## QUALIFYING STATEMENTS

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The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

End of Life Care

### IOM DOMAIN

Effectiveness  
Patient-centeredness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

American Academy of Pediatrics: Distinguishing sudden infant death syndrome from child abuse fatalities. Committee on Child Abuse and Neglect. Pediatrics 2001 Feb; 107(2):437-41. [70 references]

### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

2001 Feb (addendum published 2001 Sep)

### GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

### SOURCE(S) OF FUNDING

American Academy of Pediatrics

### GUIDELINE COMMITTEE

Committee on Child Abuse and Neglect

### COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Committee on Child Abuse and Neglect, 2000-2001: Steven W. Kairys, MD, MPH, Chairperson; Randell C. Alexander, MD, PhD; Robert W. Block, MD; V. Denise Everett, MD; Kent P. Hymel, MD; Carole Jenny, MD, MBA.

Liaison Representatives: David L. Corwin, MD (American Academy of Child and Adolescent Psychiatry); Gene Ann Shelley, PhD (Centers for Disease Control and Prevention).

Section Liaison: Robert M. Reece, MD (Section on Child Abuse and Neglect)

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### FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

## GUIDELINE STATUS

The February 2001 publication, along with the September 2001 addendum, represent the current release of the guideline.

AAP Policies are reviewed every 3 years by the authoring body, at which time a recommendation is made that the policy be retired, revised, or reaffirmed without change. Until the Board of Directors approves a revision or reaffirmation, or retires a statement, the current policy remains in effect.

## GUIDELINE AVAILABILITY

Electronic copies of "Distinguishing sudden infant death syndrome from child abuse fatalities." are available from the [American Academy of Pediatrics \(AAP\) Policy Web site](#).

Electronic copies of "Distinguishing sudden infant death syndrome from child abuse fatalities (addendum)" are available from the [American Academy of Pediatrics \(AAP\) Policy Web site](#).

Print copies: Available from AAP, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

## AVAILABILITY OF COMPANION DOCUMENTS

None available

## PATIENT RESOURCES

None available

## NGC STATUS

This summary was completed by ECRI on September 17, 2001. The information was verified by the guideline developer as of December 5, 2001.

## COPYRIGHT STATEMENT

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